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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Beauty's Kitchen LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anna Prosha  
Name of Person

1100 Kings Rd. 43671  
Address

Jacksonville, Florida 32203  
City/State and Zip Code

Beauty's Kitchen@gmail.com Beauty's Kitchen  
E-mail address: (to be used for future annual report notification) gmail.com

For further information concerning this matter, please call:

Anna Prosha at 904 444-2917  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle.  
Tallahassee, FL 32301

2011 AUG 23 PM 2:46  
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Beauty's Kitchen LLC.  
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| <u>Principal Office Address:</u> | <u>Mailing Address:</u> |
|----------------------------------|-------------------------|
| <u>1100 Kings Rd 43071</u>       | <u>← Same</u>           |
| <u>Jacksonville, FL 32203</u>    |                         |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

|                                                         |           |              |
|---------------------------------------------------------|-----------|--------------|
| <u>Anna Presha'</u>                                     |           |              |
| Name                                                    |           |              |
| <u>4044 Augustine Green Ct.</u>                         |           |              |
| Florida street address (P.O. Box <u>NOT</u> acceptable) |           |              |
| <u>Jacksonville</u>                                     | <u>FL</u> | <u>32257</u> |
| City                                                    | State     | Zip          |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Anna Presha'  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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JACKSONVILLE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Anna Presha' "MGR"

4044 Augustine Green Ct Jax, FL 32257

Jai Moni Hill

4044 Augustine Green Ct Jax, FL 32257

Member

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Anna Presha'

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Anna Presha'

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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2001 AUG -3 PM 2:47  
CLERK OF COURT  
JACKSONVILLE, FLORIDA